



Incident Report

Print Date/Time: 11/10/2016 11:25
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020618

Incident Date/Time: 10/16/2016 12:34:00 PM
Location: SR 9 SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 501-1564
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	AUSDAD, DEBORAH		(425) 501-1564			
1	Driver	SAUNDERS, CHERYL ANN	11815 174TH AVE NE Arlington WA 982233927	(425) 283-3277		Female	04/30/1988
2	Driver	AUSTAD, DEBORAH ABIGAIL	13318 12TH PL W Everett WA 982046214	(425) 501-1564		Female	02/02/1982

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AZJ2115	
Involved Vehicle						BBA3687	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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10/16/2016 : 12:36:50 SP0427 Narrative: BCST

10/16/2016 : 12:35:36 SP0136 Narrative: CC 2 VEH'S, NON INJ, NON BLOCKING, RP IN A WHT HONDA HRV














**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E598643

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00020618
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	10	-	16	-	2016			1234	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR9	BLOCK NO. <input checked="" type="checkbox"/>	2000
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	20TH ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252833277
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LAST NAME	SAUNDERS	FIRST NAME	CHERYL	MIDDLE INITIAL	A
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STREET NEW ADDRESS	11815 174TH AVE NE
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CITY	ARLINGTON	ST	WA	ZIP	982233927
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SAUNDCA125JT	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	30	-	1988
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AZJ2115	STATE	WA	VIN#	5NMSG73D08H225722
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	HYUN	MODEL	SANTA	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 194852323
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255011564
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LAST NAME	AUSTAD	FIRST NAME	DEBORAH	MIDDLE INITIAL	A
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STREET NEW ADDRESS	13318 12TH PL W APT A
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CITY	EVERETT	ST	WA	ZIP	982046214
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	AUSTADA180CB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	02	-	02	-	1982
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	BBA3687	STATE	WA	VIN#	3CZRU6H71GM747365
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2016	MAKE	HOND	MODEL	HR-V	STYLE	GA	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	HASELWOOD COURTER ENTERPRISES 9419014
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E598643**CASE # **2016-00020618**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 10/16/2016 at approximately 1234 hours I, Officer Shein (SS0136) of the Lake Stevens Police Department was on routine patrol in a fully marked patrol vehicle equipped with lights and sirens wearing full duty uniform with shoulder patches and a badge.

I responded to a report of a collision near the intersection of 20th St S.E., & SR 9, Lake Stevens, WA. I arrived and noticed a grey Hyundai Santa Fe (Unit 1) behind a white Honda HR-V (Unit 2).

The driver of Unit 1 admitted to rear-ending driver of Unit 2. There was noticeable damage to Unit 2's rear bumper. I captured photographs of the damage and attached them to this report. Driver of Unit 1 said that she was stopped at the red light, when she felt a bump from the back.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gleb Shein #136
Officer

10/16/2016
Date

Lake Stevens, WA
Location Signed

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-16-16 04:04 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

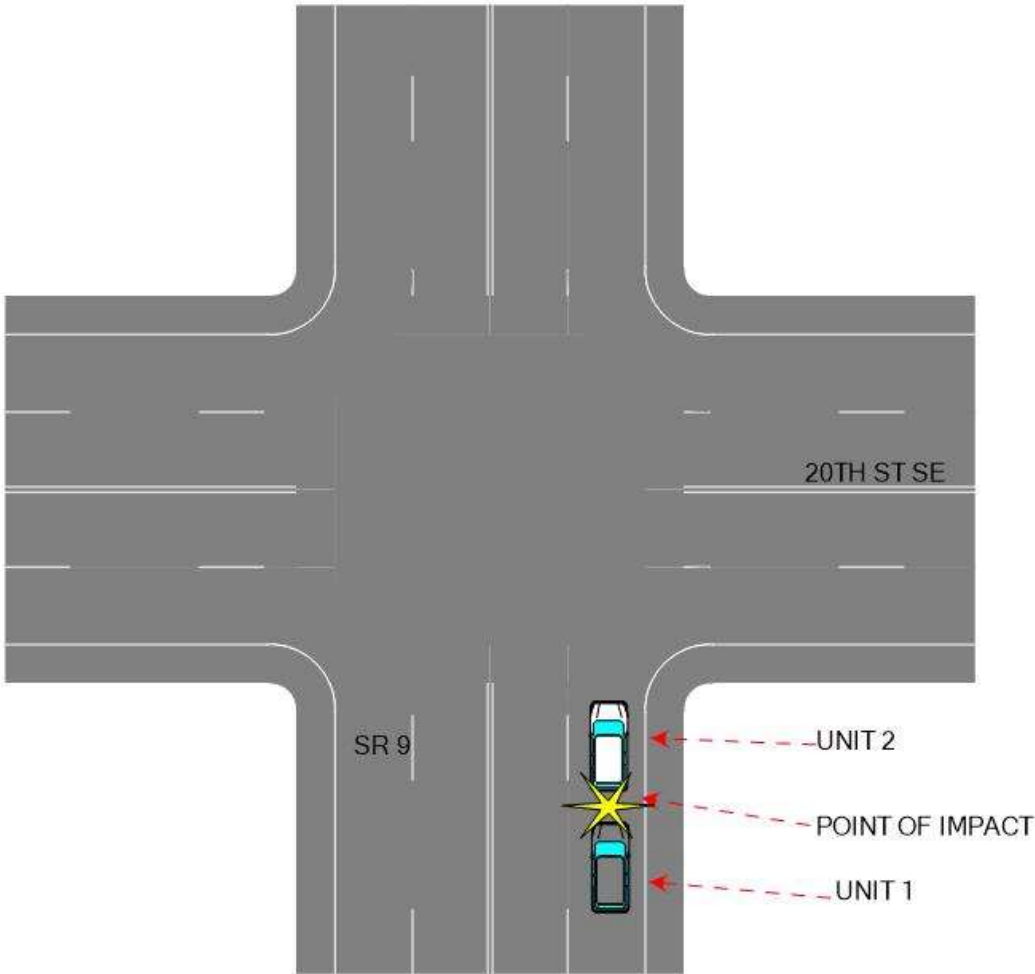
10/21/2016 3:41:36 PM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	12:34 PM	TIME POLICE ARRIVED	12:38 PM
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REPORT NO. E598643

CASE # 2016-00020618

DATE AND TIME
OF COLLISION 10/16/16 12:34



NOT TO SCALE

